

## Preferred Choice (PPO) - Passive

## COUNTY OF MCHENRY

The following is a listing of common services available through your BlueCare Dental PPO network.

The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.

This information only provides highlights of this program. Please refer to the BlueCare Dental Preferred Choice Certificate for additional benefit information.

### BENEFIT HIGHLIGHTS

#### Program Basics

#### Contracting Provider\*

#### Non-Contracting Provider\*

#### Benefit Period Maximum

\$1,200

#### Deductible

\$50 per person per benefit period  
\$100 maximum per family

#### Dependent Coverage

Spouse and unmarried dependent up to age 26  
or unmarried, full-time student up to age 26

### Services

#### Diagnostic & Preventive Services

Dental exams  
Cleanings  
X-rays  
Fluoride treatment

100% of Maximum Allowance

100% of Usual and Customary

#### Miscellaneous Services

Sealants  
Space maintainers  
Labs & tests

100% of Maximum Allowance

100% of Usual and Customary

#### Emergency Care

Treatment for the relief of pain

100% of Maximum Allowance

100% of Usual and Customary

#### Restorative Services

Routine fillings (amalgams and resins)  
Pin retention  
Simple extractions

80% of Maximum Allowance  
after deductible

80% of Usual and Customary  
after deductible

#### General Services

Intravenous sedation  
General anesthesia  
Stainless steel crowns

80% of Maximum Allowance  
after deductible

80% of Usual and Customary  
after deductible

#### Endodontic Services

Root canals  
Pulp caps  
Apicoectomy / apexification

80% of Maximum Allowance  
after deductible

80% of Usual and Customary  
after deductible

#### Periodontic Services

Scaling & root planing  
Gingivectomy / gingivoplasty  
Osseous surgery

80% of Maximum Allowance  
after deductible

80% of Usual and Customary  
after deductible

#### Oral Surgery Services

Surgical extractions  
Alveoloplasty  
Vestibuloplasty

80% of Maximum Allowance  
after deductible

80% of Usual and Customary  
after deductible

#### Crowns, Inlays / Onlays Services

Crowns  
Inlays / onlays  
Prefabricated posts and cores  
Repair and recementation of crown, inlays / onlays

50% of Maximum Allowance  
after deductible

50% of Usual and Customary  
after deductible

#### Prosthodontic Services

Bridges and dentures  
Reline / rebase of dentures  
Addition of tooth or clasp  
Repair of bridges and dentures

50% of Maximum Allowance  
after deductible

50% of Usual and Customary  
after deductible

#### Orthodontics

Coverage for eligible dependent children to age 19

50% of Maximum Allowance

50% of Usual and Customary

Orthodontia Lifetime Maximum of \$1,500

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#### \* Schedule of Maximum Allowances

Contracting providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. Non-contracting providers do not accept the Schedule of Maximum Allowances as payment in full. For services received from a non-contracting provider, member will be liable for the difference between the dentist's charge and covered benefits.

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